

Check those that apply: New:___ Renewal:__ Modified: ___

Alarm Registration Form

Alarm Location	Registration Holder/Representative
Business or Person's Name	Name
Address	Mailing Address (if different)
City, State, Zip	City, State, Zip
Phone#	Phone#
Key Holder #1 (If registered holder can't be reached)	Key Holder #2 (If registered holder can't be reached)
Name	Name
Address	Address
City, State, Zip	City, State, Zip
Phone#	Phone#
Monitored By	
Name	
Address	
City, State, Zip	
Telephone	
response. Any liability and consequential damage resulting governmental immunity as provided by law is retained. By Public Safety unit's response may be based on factors such conditions, emergency conditions and staffing levels. Registration Requirements: It shall be unlawful to main residential property, unless the person owning or operating	a contract, duty or obligation, either expressed or implied of a from the failure to respond to a notification is hereby disclaimed and registering an alarm system, the alarm user acknowledges that the has availability of units, priority of calls, weather conditions, traffic natain, within the City of Albany, an alarm system on commercial or go the business or residential location, where such alarm system is naisible for the proper maintenance and operation of the alarm system ce.
Alarm User Signature	 Date

Forms can be faxed to (229) 432-8160 email it to jcarruthers@albanyga.gov or mail to P. O. Box 447 Albany, GA 31701. For additional information, please call the Office at (229) 431-2118.

LICENSE & BUSINESS SUPPORT